

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53	/					
4	/						54	/					
5		①	/				55	/					
6		②	/				56	/					
7		③	/				57	/					
8		④	/				58	/					
9		⑤	/				59	/					
10	/						60	/					
11	/						61	/					
12	/						62	/					
13	/						63	/					
14		⑥	/				64	/					
15		⑦	/				65	/					
16		⑧	/				66	/					
17	/						67	/					
18	/						68	/					
19		⑨	/				69	/					
20		⑩	/				70	/					
21		⑪	/				71	/					
22		⑫	/				72	/					
23		⑬	/				73	/					
24		⑭	/				74	/					
25		⑮	/				75	/					
26		⑯	/				76	/					
27	/						77	/					
28	/						78	/					
29	/						79	/					
30	/						80	/					
31	/						81	/					
32	/						82	/					
33	/						83	/					
34		⑰	/				84	/					
35		⑱	/				85	/					
36		⑲	/				86	/					
37		⑳	/				87	/					
38		㉑	/				88	/					
39		㉒	/				89	/					
40		㉓	/				90	/					
41	/						91	/					
42	/						92	/					
43	/						93	/					
44	/						94	/					
45	/						95	/					
46	/						96	/					
47	/						97	/					
48	/						98	/					
49		㉔	/				99	/					
50	*	㉕	/				100	/					
TOTAL IND.	26						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	61						TOTAL CLAIMS						

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